

Asylum Notes.

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A Synopsis of One Year's Admissions.—It has been frequently asserted, and about as frequently admitted, that our statistical reports concerning the insane are very unreliable. We have ourselves frequently asserted that the data were necessarily very imperfect. Many a patient comes to us, with none or a trivial cause assigned, with a duration assigned which is usually too short, and with a slight and erroneous account of the beginning stages and of family tendencies. And as we search the literature, few are the attempts which we find to unsnarl this tangle, a task which can only be done approximately by the patient, laborious effort of one having a personal knowledge of each case. Dr. Christian, of Pontiac, Michigan, records a worthy effort to obtain the true mental state of those recovered by studying the future history of those so sent away. This method requires years of waiting, and the almost impossible task of keeping track of scattered patients.

The present is a brief attempt to ascertain the standing of the insane patients admitted to the Rochester State Hospital during the year from August 1, 1895, to August 1, 1896, from the standpoint of the present date, November 1, 1896;—an attempt to ruthlessly judge every case, ignoring every previous judgment, and striving to not swell the recovered list one bit more than it deserves. We first present a tabulated statement of the results and afterward give a few explanatory statements.

AGES OF THOSE ADMITTED.

	MEN.	WOM.		MEN.	WOM.
80 to 90	0	4	40 to 50	24	23
70 to 80	4	4	30 to 40	38	28
60 to 70	19	9	20 to 30	43	40
50 to 60	17	13	10 to 20	6	5
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Totals,	40	30	Totals,	111	96

DURATION OF INSANITY.

Under 6 months,	24	10	2 to 4 years,	37	28
1 to 6 months,	10	35	4 to 6 years,	18	13
6 months to 1 year,	17	5	6 to 10 years,	10	4
1 year to 2 years,	22	14	Over 10 years,	13	15
Totals,	73	54	Totals,	78	60

	MEN.		WOMEN.	
Total No. of patients considered.....	150		124	
No. died.....	19	11	14	5
No. of these over 50.....				
No. over 50 died of general paresis.....		1		0
No. died of exhaustion, senile.		7		4
No. died exhaustion with acute psychosis.		0		1
Pneumonia, heart and kidney disease.....		3		0
No under 50.....		8		9
No. under 50 died of consumption.....		3		4
No. under 50 died of general paresis		3		0
No. died acute delirious mania.....		1		2
Exhaustion of imbecility.....		0		1
Typhoid fever		0		1
Exhaustion in acute psychoses.....		1		1
No. recovered	18		21	
Left for home.....		16		20
Still in the institution		2		1
Those of above having previous attacks...		7		9
Those named recurrent.....		0		3
Duration of attack over 6 months.....		0		0
No strongly improved.....	20		16	
No. of these at home.....		14		13
No. still here.....		6		3
No. still unimproved or mildly improved....	93		73	
Those strongly defective.....		26		15
No. imbeciles.....				3
No. epileptics.....				2
No. strongly paranoiac.....				9
Adult hereditary chorea				1
General paresis.....				0
The remainder unimproved	67		58	
Of these those over 50		16		15
Age 80 to 90.....				3
" 70 to 80.....				4
" 60 to 70.....				4
" 50 to 60.....				4
Character of these cases over 50. Showing senile or organic change.....				12
Senile melancholia.....				1
Long demented.....				2
Mild mania of long duration.....				0
Syphilitic and alcoholic.....				0
Severe acute mania, previous eccentricity.				0

Of those under 50 years of age.....	51			43	
Ages 40 to 50.....			7		14
" 30 to 40.....			23		9
" 20 to 30.....			20		19
" 10 to 20.....			1		1
Character of those under 50 years.....	51	51		43 43	
Duration of insanity 2 to 17 years.....			17		17
Alcoholic dementia.....			4		1
Previous attack at least 2 years before.....			2		1
Strong evidence of being defectives.....			10		8
Less strong evidence of defectiveness.....			6		4
Remainder still unexcused.....	12			12	
No. having fairly acute attack.....			7		10
No. admitted heredity.....			4		5
No. parents first cousins.....			1		0
Total.....			150		124

It will be noted in the above tables, that by using in their order the most powerful reasons of non-recovery, we cut off one detachment after another from the complete list of unimproved. The explanation concerning the deaths is sufficient. Cases of general paresis or syphilitic brain disease are not expected to recover. Nor will senile dementia, whether of the quiet decline or the more atheromatous and rapidly progressive order. Nor will, of course, epileptics, imbeciles or the hereditary choreas. Nor will the strongly paranoiac be expected to recover; nor, except in occasional cases, those over fifty years of age; nor will those long demented or the alcoholic dementias; nor will senile melancholias, usually of strong senile trend; nor, beside exceptional cases, will those of over two years' duration. The judgments upon these classes will be quite uniform in all probability. A few comments will be in place. Those designated as "imbeciles" were not all positively so stated, yet the facts quite justify us, even if occasionally they are a few grades above the ordinary imbecile case. Then the class, ten men and eight women, designated as "defective" yet not fully imbecile, and the class, six men and four women, still a few grades nearer the normal, viewed one by one, are each of them usually young, presenting usually no acute attack (though occasionally exacerbations of excitement or of depression), and only the dull low level of intelligence and ability, reaching back indefinitely, and supposedly through life. Many of them have, of course, grown somewhat more defi-

nately troublesome of late, determining their commitment.

Finally having disposed of the most powerful causes determining against improvement or recovery, we find only ten men and twelve women, for whom we shall offer no special excuse.

"Defectiveness" is undoubtedly the most important element brought out by the analysis. A typical defective is a few grades above the feeble-minded, and must include mental and moral perversions, as well as the more pure feebleness of mind. Often there is considerable brightness, usually there is no acute attack. It grows insidiously. Of such is the character of the sixteen and twelve designated, reaching up, of course, many of them into the adolescent type of insanity.

Of cases having a like character, beside these sixteen and twelve, we may add the imbeciles, five and three, the epileptics, eight and two, while of the paranoiacs, seven and five, are surely defective, and among the improved, recovered and died, we may select thirteen and eleven more as having strong alliances to this class.

The powerful central and strong impression then is of a heritage so powerful as to impress itself gradually and insidiously during the adolescent period. Combining these with the senile cases, we have approximately 108 out of the 274 cases. Not that the defectives do not have their recoveries; they occasionally recover quite well. Indeed, a paroxysmal "up-and-down" motion is a characteristic of some forms. The general tendency is, however, to a gradual slow decline. We have discarded in our above list all ordinary and very temporary recoveries.

Of course, defectiveness, if the finer analysis were pushed, might be made to include about all of insanity. It is not, however, in this extreme sense that we mean it.

Where do the typical acute psychoses have their place then? those of functional character, without strong defective or degenerative base? They tend evidently to come in middle life. Acute delirious mania seems to strongly prefer people of the ages from thirty to fifty. Ordinary typical acute mania, shows also a mild preference in that way, only one of our cases being over fifty years of age, and six being below thirty. Acute melancholia shows less marked preference, senile melancholia being somewhat frequent, and a good many cases being below thirty years of age.

Of "periodicity" so strong as to deserve the name "recurrent," we note one case as remarkable. A fine-looking and intelligent old lady, now sixty-five, who has been the mother of several children, had a first attack at twenty years of age. Though somewhat irregularly, she has had them ever since, occasionally severe, frequently slight. Her maniacal attacks, though quite severe at times, are usually short, being over in a week or two. Her quiet spells often last six months. At her best she is still quite clear and shrewd, though a little of mental weakness is to be noted. Her mother had a similar trouble.

Our population coming from a State which admits old and young, rich and poor, and completely without cost to themselves, and which has no private asylum within its bounds, our conclusions ought to be the more accurate. Our recovery rate will, of course, be somewhat increased by subsequent recoveries.

Pathological Supplement to the Annual Report of the Government Hospital for the Insane, 1893.—I. W. Blackburn, special pathologist.

SUMMARY.

The one hundred and four cases of melancholia studied in this report comprise all the examinations of this form of mental disease made since the establishment of the pathological department of the hospital. Ninety-four of the cases were males, ten females; eight of the males were colored; all of the females were white.

The clinical subdivisions of melancholia have not been given, and the division of the cases into acute and chronic has only been indicated by the duration given in each case. It must be understood that some degree of terminal dementia existed in all the chronic cases, and that in some the mental failure was almost complete. In some of the cases senile failure of mental power must be assumed to have existed in addition to the symptoms of melancholia.

The study of these cases was undertaken without the hope of adding materially to our knowledge of the special pathology of melancholia, but rather with